

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/561,726
Filing Date	June 25, 2004
First Named Inventor	Timothy J. SPEIGHT
Art Unit	2416
Examiner Name	K. Mew
Attorney Docket Number	562492006400

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the practitioners of record;  
 the practitioners (with registration numbers) of record listed on the attached paper(s); or  
 the practitioners of record associated with Customer Number: 25226

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

<input type="checkbox"/> 10.40(b)(1)	<input type="checkbox"/> 10.40(b)(2)	<input type="checkbox"/> 10.40(b)(3)	<input checked="" type="checkbox"/> 10.40(b)(4)
<input type="checkbox"/> 10.40(c)(1)(i)	<input type="checkbox"/> 10.40(c)(1)(ii)	<input type="checkbox"/> 10.40(c)(1)(iii)	<input type="checkbox"/> 10.40(c)(1)(iv)
<input type="checkbox"/> 10.40(c)(1)(v)	<input type="checkbox"/> 10.40(c)(1)(vi)	<input type="checkbox"/> 10.40(c)(2)	<input type="checkbox"/> 10.40(c)(3)
<input type="checkbox"/> 10.40(c)(4)	<input type="checkbox"/> 10.40(c)(5)	<input type="checkbox"/> 10.40(c)(6) Please explain below:	

**Certifications**

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:  
The practitioners have been discharged by the assignee/client. The assignee/client has requested transfer.

<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>				
<p><b>Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.</b></p> <p>Change the correspondence address and direct all future correspondence to:</p>				
<p>A. <input type="checkbox"/> The address of the inventor or assignee associated with Customer Number: _____</p> <p>OR</p>				
<p>B. <input type="checkbox"/> Inventor or <input type="checkbox"/> Assignee Name _____</p>				
<p>Address _____</p>				
City	State	Zip	Country	
Telephone	Email _____			
<p>I am authorized to sign on behalf of myself and all withdrawing practitioners.</p>				
<p>Signature <u>Robert Saltzberg</u></p>				
Name	Robert A. Saltzberg		Registration No.	36,910
Address	Morrison & Foerster LLP 425 Market Street			
City	San Francisco	State	CA	Zip 94105-2482 Country US
Date	September 1, 2009		Telephone No. (415) 268-6428	
<p><i>NOTE: Withdrawal is effective when approved rather than when received.</i></p>				